

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Lolita Quioco ARCH	CHAPTER 100.1
Address: 4103 Likini Street, Honolulu, Hawaii 96818	Inspection Date: June 21, 2019 Annual

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

STATE OF HAWAII
OFFICE OF HEALTH CARE ASSURANCE
STATE LICENSING SECTION

JUN 29 PM 04

RECEIVED

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-15 <u>Medications</u>. (e) All medications and supplements, such as vitamins, minerals, and formulas, shall be made available as ordered by a physician or APRN.</p> <p><u>FINDINGS</u> Resident #1 – Physician ordered, “MAPAP 500mg tablet, 1 to 2 tab 4 times a day PRN” on 2/23/2019. No as needed (PRN) indication for medication on physician order sheet and medication label.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><i>After my inspection, I called the doctor's office to update the medication order (MAPAP). Doctor mailed me the medication order and wrote MAPAP in for headache (Xerox copy enclosed) I had the medication label from the pharmacy and wrote it down too, in my progress note.</i></p>	<p>7/26/19</p> <p>19 JUL 29 PM 2:34</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment</u>. (g)(3)(D) Fire prevention protection.</p> <p>Type I ARCHs shall be in compliance with, but not limited to, the following provisions:</p> <p>A drill shall be held to provide training for residents and personnel at various times of the day or night at least four times a year and at least three months from the previous drill, and the record shall contain the date, hour, personnel participating and description of drill, and the time taken to safely evacuate residents from the building. A copy of the fire drill procedure and results shall be submitted to the fire inspector or department upon request;</p> <p><u>FINDINGS</u> Fire drills not held at various times of the day or night.</p>	<p>PART 1</p> <p>Correcting the deficiency after-the-fact is not practical/appropriate. For this deficiency, only a future plan is required.</p> <p><i>from now on as a reminder to write on administrative book to make sure I have a calendar to use for every three month indicating what time of the day to start the drill for all patient and family members.</i></p>	<p><i>6/28/19</i></p>

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Licensee's/Administrator's Signature: Lolita Quirocho

Print Name: LOLITA QUIROCHO

Date: June 28, 2019

Licensee's/Administrator's Signature: Lolita Quirocho

Print Name: LOLITA QUIROCHO

Date: 7-26-19